


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90079 003 \*\*\*\*61.25

**DOCUMENT # N95000002174**

1. Entity Name  
**THE 505 CONDOMINIUM, INC.**



Principal Place of Business  
**505 W OAK ST STE 102  
 KISSIMMEE, FL 34741**

Mailing Address  
**505 W OAK ST STE 102  
 KISSIMMEE, FL 34741**

**40038334**

2. Principal Place of Business - No P.O. Box #  
**505 W. OAK STREET**

3. Mailing Address  
 Suite, Apt. #, etc. \_\_\_\_\_

City & State  
**KISSIMMEE, FLORIDA**

City & State  
 \_\_\_\_\_

Zip  
**34741**

Country  
**U.S.A.**



03152007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**OVERTON-MORGAN, IRENE  
 505 W OAK ST STE 102  
 KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

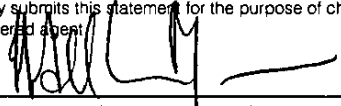
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

4. FEI Number  
**59-3322217**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

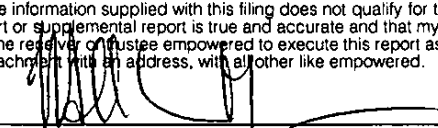
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OVERTON-MORGAN, IRENE</b> <b>5314 CORAL VINE LN</b> <b>KISSIMMEE, FL 34758</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AGUSTINES, MANUEL R</b> <b>1394 NEPTUNE RD</b> <b>KISSIMMEE, FL 34744</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUINTO, AMELITA</b> <b>3876 PINE LAKES CIR</b> <b>STOCKTON, CA 95219</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOBER, CLIFFORD W MD</b> <b>3142 YATTIKA PL</b> <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OVERTON-MORGAN, IRENE, P.A.</b> <b>5314 CORAL VINE LN</b> <b>KISSIMMEE, FL 34758</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ATIQUZZAMAN, TAHSINA, Y, M.D.</b> <b>505 W. OAK ST, SUITE 202.</b> <b>KISSIMMEE, FL, 34741.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_

Signature and typed or printed name of signing officer or director Date **3/15/07** Daytime Phone # **407 846-3717**